

**LEXINGTON-FAYETTE URBAN  
COUNTY GOVERNMENT**

Department Of Public Safety

Division Of Building Inspection

Mailing address:

200 East Main Street

Lexington KY 40507

Phone: 859-258-3770

Physical Address:

101 East Vine Street

2<sup>nd</sup> Floor

Fax: 859-258-3780

**HVAC PERMIT  
APPLICATION  
ONE & TWO FAMILY**

**HVAC CONSTRUCTION APPLICATION: ONE & TWO FAMILY DWELLING**

It is expressly understood that the applicant for the permit agrees and states that this installation will be in strict compliance to the Uniform State Building Code and the Uniform State Residential Code.

**Location:** \_\_\_\_\_  
(Street Address)

**Subdivision:** \_\_\_\_\_

City: Lexington  
County: Fayette

Owner Name: \_\_\_\_\_

Owner Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

Contractor: \_\_\_\_\_ Reg #: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Master #: \_\_\_\_\_

Insurance: W/C: \_\_\_\_\_ Liab: \_\_\_\_\_

**Check Each Box That Applies:**

☐ New Construction ☐ Duplex ☐ Mobile Home ☐ Modular ☐ Other

First System \$75.00 PLUS ( \_\_\_\_\_ # of additional systems X \$50.00 = \_\_\_\_\_ ) Equals \_\_\_\_\_ Total Permit Cost

This permit will include up to 3 inspections. A \$50 re-inspect permit shall be purchased if further inspections are necessary.

Date of Sizing Calculations: \_\_\_\_\_

Orientation of Structure: \_\_\_\_\_

Design Conditions:  
Winter: 8 Summer: 91

PER APPROVED METHOD	Square Footage	Load Calculations		Unit Location	Fuel Type	Size of Unit (BTU)	
		Heat Gain	Heat Loss			Cool Load	Heat Load
System 1							
System 2							
System 3							
System 4							
System 5							

Total \$ \_\_\_\_\_

Add \$500 fee (Started work prior to permitting)

Paid By: ☐ Cash ☐ Check Ck. # \_\_\_\_\_

**NOTES:**

- ☐ Rough in and final inspection required on all new construction ☐ Work must be performed by Licensed HVAC Contractor  
☐ Must meet requirements of 2007 Kentucky Building Code ☐ Must meet requirements of 2006 International Residential Code  
☐ All work shall have at least one inspection (such as replacement)  
☐ It is your responsibility to call to schedule for the following inspections: ☐ **Rough-In** ☐ **Final Inspector:** \_\_\_\_\_

The Division of Building Inspection, HVAC section, is issuing this HVAC construction permit upon your request in accordance with KRS 198B.6671 and 815 KAR 8:070. You and/or your agent on your behalf, the undersigned, are fully aware that you are responsible for this installation in its entirety through completion. It is your responsibility to notify, request, and obtain all required inspections. If for any reason you fail to complete this installation, it shall be your responsibility to notify the Department immediately. I verify all information provided is true and accurate to the best of my knowledge.

Master HVAC/Homeowner Signature: \_\_\_\_\_ Approved By: \_\_\_\_\_

Submit Date: \_\_\_\_\_

Approval Date: \_\_\_\_\_